

Citizen Complaint Form

(To Be Completed by person Registering Complaint)

Crowley ISD Police Department Office of Internal affairs 2205 N. Crowely Cleburne Rd. Crowley Texas 76036 (8170 297-5345

Complainant Name:	Race / Sex	Date of Birth
Address:	City/ST/Zip	
Best Contact Number to call: ( ) EXT:	Best Time to call:	Email Address:

# Witness Information

Address:	Phone:	
Address:	Phone	
Address:	Phone:	
Address:	Phone:	
	Address: Address:	Address: Phone   Address: Phone:

# Officer / Employee Information

Badge/ID #	Car#	
Badge / ID #	Car#	
Badge / ID #	Car#	
Badge / ID #	Car#	
	Badge / ID # Badge / ID #	Badge / ID # Car# Badge / ID # Car#

# Incident Details

Date of Incident:	Time of Incident:	Police Report #	
Location of Incident:			



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## NARRATIVE

(Please Print synopsis of Complaint)




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#### NARRATIVE Continued

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**"37.02 Perjury.**--A person commits an offense if, with the intent to deceive and with knowledge of the statement's meaning: makes a false statement under oath or swears to the truth of a false statement previously made and the statement is required or authorized by law to be made under oath; or makes a false unsworn declaration under Chapter 132, Civil Practice and Remedies Code."

I, \_\_\_\_, do hereby swear or affirm, under penalty of perjury, that the allegations made by me in this Complaint Form

are,

**(Print Name)** to the best of my knowledge and belief, true and correct.

\_\_\_\_\_\_Signature of Complainant

(Parent or Guardian if Minor) STATE OF TEXASCOUNTY OF TARRANT Sworn to and subscribed before me this \_\_\_\_\_ day of , 20 , by \_ Personally Known to Me Produced Identification

Law Enforcement Officer (Signature and Badge/Id #)

\_\_\_\_\_Notary Public in and for Tarrant County, Texas My

Commission Expires: \_\_\_\_\_ [NOTARY SEAL ABOVE]



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#### AUTHORIZATION FOR ADMINSTRATIVE INVESTIGATION

(Office of Internal affairs use Only)

Authorizing Member:(Chief c	Date Ree	ceived:
Assign to Supervisor Information	Assign to Office of Internal Assign to Office of Internal	Other/ See Attached
IA Tracking Number:		
IA Receiving Member:	Date	Received:
Assigned to:	Date	Assigned: